NICE National Institute for Health and Care Excellence

NICE

Diabetes: IFCC-HbA1c 64mmol/mol or less

NICE indicator

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www.nice.org.uk/indicators/ind135

Indicator

The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months.

Indicator type

General practice indicator suitable for use in the Quality and Outcomes Framework.

This document does not represent formal NICE guidance. For a full list of NICE indicators, see our menu of indicators.

To find out how to use indicators and how we develop them, see our NICE indicator process guide.

Rationale

This indicator measures the percentage of people with diabetes who have an HbA1c measurement of 64 mmol/mol (8.0%) or less. The aim of treatment is to reduce the risk of complications in people with type 1 or type 2 diabetes.

Strong clinical evidence shows that tight blood glucose control is associated with a reduction in diabetes complications.

For the purposes of primary care indicators, 3 separate clinical practice targets were adopted: HbA1c 59, 64 and 75 mmol/mol. The 3 targets aim to provide incentives for improving blood glucose control across the distribution of HbA1c values in the population with type 1 and type 2 diabetes.

Source guidance

- Type 1 diabetes in adults: diagnosis and management. NICE guideline NG17 (2016, updated 2022), recommendations 1.6.6 and 1.6.7

- Type 2 diabetes in adults: management. NICE guideline NG28 (2015, updated 2026), recommendations 1.5.7 to 1.5.10

- Pharmacological management of glycaemic control in people with type 2 diabetes. SIGN guideline 154 (2024), key recommendation 2.1

Specification

Numerator: The number of patients in the denominator in whom the last IFCC-HbA1c (measured in the preceding 12 months) is 64 mmol/mol.

Denominator: The number of patients on the diabetes register.

Calculation: Numerator divided by denominator, multiplied by 100.

Exclusions:

- Patients who have their latest serum fructosamine record in the 12 months leading up to and including the payment period end date **and**

— have either their latest IFCC-HbA1c recording at least 12 months before the payment period end date, for example, recorded in a previous QOF year; **or**

— have no evidence of an IFCC-HbA1c recording.

- Patients who have a blood test declined code recorded in the 12 months leading up to and including the payment period end date.

- Patients who are on maximum tolerated diabetes treatment in the 12 months leading up to and including the payment period end date.

Personalised care adjustments or exception reporting should be considered to account for situations where the patient declines, does not attend or if an IFCC-HbA1c of 64 mmol/mol or less is not appropriate.

Expected population size: National Diabetes Audit data for 2023 to 2024 and ONS mid-year population data for 2024 shows that 6.1% of people in England are included in the audit and are included in the denominator for treatment target indicators (HbA1c): 613 patients for an average practice with 10,000 patients. To be suitable for use in QOF, there should be more than 20 patients eligible for inclusion in the denominator, per average practice with 10,000 patients, prior to application of personalised care adjustments.

Update information

Minor changes since publication

February 2026: We updated the source guidance information to align with the update to NICE's guideline on type 2 diabetes in adults and added expected population size.

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